

CLAIMS ONLY						Application Number <b>10/695180</b>	Filing Date			
						Applicant(s)				
<b>8-9-04</b>						* May be used for additional claims or amendments				
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend	Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend				
1							51			
2							52			
3							53			
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45							95			
46							96			
47							97			
48							98			
49							99			
50							100			
Total Indep			<b>2</b>				Total Indep			
Total Depend		<b>11</b>					Total Depend			
Total Claims		<b>13</b>					Total Claims			